

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
(a) Name <u>Concerned Citizens for New Jersey's Future</u>	2. FEC Identification Number <u>C</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>19 Pines Ct.</u>	
(c) City, State and ZIP Code <u>Lawrenceville, NJ 08648</u>	
(d) Name of Employer or Principal Place of Business	(e) Occupation
3. Is This Statement <input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	
4. Covering Period <u>09 06 2006</u> through <u>09 07 2006</u>	
5. (a) Date of Public Distribution(s) <u>11 07 2006</u> (b) Communication Title <u>Square</u>	
6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107 Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Custodian of Records	
(a) Name <u>John Paul Teli</u>	
(b) Address (number and street) <u>19 Pines Ct.</u>	
(c) City, State and ZIP Code <u>Lawrenceville, NJ 08648</u>	
(d) Name of Employer or Principal Place of Business	
(e) Occupation	
9. Total Donations This Statement <u>11,000.00</u>	
10. Total Disbursements/Obligations This Statement <u>11,135.35</u>	

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Paul Teli

SIGNATURE

[Signature]

DATE

Nov. 8, 2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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